

**EXHIBIT “D”**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

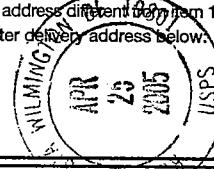
Fortress Steel Service, Inc.  
c/o James D. Heisman, Esquire  
Connolly, Bove, Lodge & Hutz, LLP  
1007 N. Orange Street  
P.O. Box 2207  
Wilmington, DE 19899

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X AHS**

- Agent  
 Addressee

**B. Received by (Printed Name)****A - SIGN****C. Date of Delivery****4-25**

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:

**3. Service Type**

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**

- Yes

**2. Article Number**

(Transfer from service label)

**7004 2890 0000 6554 7193**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

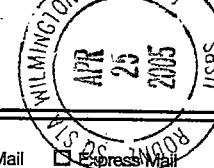
Union Wholesale Company  
c/o James D. Heisman, Esquire  
Connolly, Bove, Lodge & Hutz, LLP  
1007 N. Orange Street  
P.O. Box 2207  
Wilmington, DE 19899

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X MJS**

- Agent  
 Addressee

**B. Received by (Printed Name)****A - SIGN****C. Date of Delivery****4-25**

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:

**3. Service Type**

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**

- Yes

**2. Article Number**

(Transfer from service label)

**7004 2890 0000 6554 7179**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

J. E. Berkowitz, L.P.  
c/o Theodore J. Taconelli, Esquire  
Ferry, Joseph & Pearce, P.A.  
824 Market Street, Suite 904  
P. O. Box 1351  
Wilmington, DE 19899

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X Bryan Farmer**

- Agent  
 Addressee

**B. Received by (Printed Name)****Bryan Farmer****C. Date of Delivery****4-25**

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**3. Service Type**

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**

- Yes

**2. Article Number**

(Transfer from service label)

**7004 2890 0000 6554 7186**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION****COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**A. Signature**

X *Brian T. Connelly*  
*Brian T. Connelly*

Agent  
 Addressee

**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**1. Article Addressed to:**

Active Industries, Inc.  
 c/o Theodore J. Tacconelli, Esquire  
 Ferry, Joseph & Pearce, P.A.  
 824 Market Street, Suite 904  
 P. O. Box 1351  
 Wilmington, DE 19899

**2. Article Number**

(Transfer from service label)

7004 2890 0000 6554 7155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**3. Service Type**

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)** Yes

~~GERMANTOWN~~

7004 2890 0000 6554 7162

05

- A  INSUFFICIENT ADDRESS  
 C  ATTEMPTED NOT KNOWN  
 S  NO SUCH NUMBER/ STREET  
 NOT DELIVERABLE AS ADDRESSED  
 - UNABLE TO FORWARD
- OTHER



*Refused  
203*

nc One Building Corporation  
 01 Governor Printz Boulevard  
 ilmington, DE 19802

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

- A  INSUFFICIENT ADDRESS  
 C  ATTEMPTED NOT KNOWN  
 S  NO SUCH NUMBER/ STREET  
 NOT DELIVERABLE AS ADDRESSED  
 - UNABLE TO FORWARD
- OTHER

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**

- Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0000 6554 7162

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540